



## Missouri Pharmacy Program – Preferred Drug List



### Topical Immunomodulators

*Effective 10/04/2012*

*Revised 07/09/2015*

#### Preferred Agents

- Elidel®

#### Non-Preferred Agents

- Protopic®
- Tacrolimus

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none"><li>• Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents<ul style="list-style-type: none"><li>○ Documented trial period for preferred agents</li><li>○ Documented ADE/ADR to preferred agents</li></ul></li></ul>	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none"><li>• Documented compliance on current therapy regimen</li></ul>	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030